JAN-24-2007 11:14AM FROM-LAND BROKERS, INC. 239-54

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90023 022 ***150.00

DOCUMENT # P02000044067

1. Entity Name
TURNAROUND OPPORTUNITIES, INC.

Principal Place of Business	Mailing Address
1407 AVE Z STE 505 BROOKLYN, NY 11235	1407 AVE Z STE 505 BROOKLYN, NY 11235

01242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1835 E. HALLANDALE BEACH BLVD	1835 E. HALLANDALE BEACH BLVD
Suite, Apt. #, etc. SUITE # 510	Suite, Apt. #, etc. SUITE # 510
City & State HALLANDALE BEACH, FL	City & State HALLANDALE BEACH FL.
Zip 33009 Country BROWARD	Zip 33009 Country BROWARD

4. FEI Number 27-0009642 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIANCA, GAIL
16501 ARBOR RIDGE DR
FT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name BIANCA, GAIL
Street Address (P.O. Box Number is Not Acceptable) 14300 RIVA DEL LAGO DRIVE
#1604
City Ft Myers FL Zip Code 33907

JUST ADDRESS CHANGE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTERITA, PIO F 1407 AVE Z STE 505 BROOKLYN, NY 11235	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pio F Asterita Suite 510 1835 E. Hallandale Beach Blvd. Hallandale Beach, FL 33009	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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JUST ADDRESS CHANGE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pio F. ASTERITA (PRES) 1/25/07 954-649-1159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #